



STATE OF WASHINGTON
FOOD STAMP EMPLOYMENT AND TRAINING (E&T) PROGRAM
WORK EXPERIENCE (WEX) REFERRAL

PARTICIPANT'S NAME		AGREEMENT NUMBER	
		COMMUNITY SERVICES OFFICE NUMBER	
SOCIAL SECURITY NUMBER			
The participant named above is referred to the designated work experience project established with the WEX agency indicated below:			
WEX AGENCY'S NAME		TELEPHONE NUMBER (INCLUDE AREA CODE)	
WEX AGENCY'S ADDRESS			
PROJECT LOCATION		PROJECT SUPERVISOR'S NAME	
This assignment will begin at _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. on _____ TIME DATE			
PROJECT DESCRIPTION			
1. JOB TITLE			
2. HOURS PER WEEK	3. TOTAL WEX PROJECT _____ HOURS _____ WEEKS		4. PROJECT END DATE
5. PARTICIPANT'S OCCUPATIONAL GOAL			
6. NARRATIVE DESCRIPTION OF THE WORK EXPERIENCE PROJECT			
7. WORK EXPERIENCE TRAINING OBJECTIVES			
8. DESCRIBE SUPERVISION TO BE PROVIDED			
9. WEX AGENCY REPRESENTATIVE'S SIGNATURE		10. FSE&T REPRESENTATIVE'S SIGNATURE	
PRINT NAME		PRINT NAME	
TITLE DATE		TITLE DATE	

WORK EXPERIENCE (WEX) REFERRAL
INSTRUCTIONS

A. USE

The Work Experience (WEX) Referral is used to refer participants to employers who have agreed to provide work experience and training under the Work Experience Agreement, DSHS 11-046.

The WEX Referral is used to provide a full description of the WEX position including hours of training, type of work, occupational goal of the participant.

B. FORM COMPLETION

Agreement Number: Enter the number of the Work Experience Agreement, DSHS 11-046, under which the referral is being made which is the same number as the Work Experience Agreement with the WEX Agency.

Community Services Office (CSO) Number: Enter the CSO Number.

REFERRAL

- ?? PARTICIPANT'S NAME: Enter the name of the participant being referred to the employer.
- ?? SOCIAL SECURITY NUMBER: Enter the participant's Social Security Number.
- ?? WEX AGENCY'S NAME: Enter the name of the agency or employer providing the work experience.
- ?? WEX AGENCY'S AGENCY ADDRESS: Enter the business address of the agency.
- ?? TELEPHONE NUMBER: Enter the telephone number, including area code, of the agency.
- ?? PROJECT LOCATION: Enter the address at which the participant will receive the training if different than the agency address.
- ?? PROJECT SUPERVISOR'S NAME: Enter the name of the individual who will be responsible for the training position.
- ?? Enter what time and date the assignment will begin.

PROJECT DESCRIPTION

1. JOB TITLE: Enter the title of the job the participant will be performing in the WEX.
2. HOURS PER WEEK: Enter the number of hours per week the individual is scheduled to participate in the position.
3. TOTAL WEX HOURS: Enter the total number of hours and weeks the position will last.
4. PROJECT END DATE: Enter the date the project is scheduled to end.
5. PARTICIPANT'S OCCUPATIONAL GOAL: Enter the occupational goal of the participant.
6. NARRATIVE DESCRIPTION OF THE WORK EXPERIENCE PROJECT: Provide a full description of the type of skills the participant will be trained in during the project. Also describe the experiences the participant will be provided in which to practice existing or new skills.
7. WORK EXPERIENCE TRAINING OBJECTIVES: Describe the objectives of the WEX.
8. DESCRIBE THE SUPERVISION TO BE PROVIDED: Provide a description of the supervision the trainee will receive in the WEX.
9. WEX AGENCY REPRESENTATIVE'S SIGNATURE, ETC.: The individual authorized to represent the agency must sign the form and provide a title, date of signature, and printed name.
10. FSE&T REPRESENTATIVE'S SIGNATURE: The Food Stamp Employment and Training (FSE&T) Representative authorized to represent the agency must sign the form and provide title, date of signature, and printed name.

C. DISTRIBUTION

White: CSO File
Yellow: WEX Agency
Pink: Participant